Worker Health Declaration.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **To the best of your knowledge, have you or anyone in your immediate family returned from a trip in the last 14 days?**

Outside Canada Yes / No / Unsure

Inside Canada via air/bus/train Yes / No / Unsure

1. **To the best of your knowledge, have you had contact with anyone with confirmed COVID-19 in the last 14 days?**

Yes / No / Unsure

1. **To the best of your knowledge, are you or any household members experiencing any of these symptoms?**
   1. Fever above 38c/100f Yes / No / Unsure
   2. Sneezing Yes / No / Unsure
   3. Difficulty breathing Yes / No / Unsure
   4. Dry cough Yes / No / Unsure
   5. Sore Throat Yes / No / Unsure

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question | Mon | Tues | We | Thurs | Fri | Sat | Sun |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3a |  |  |  |  |  |  |  |
| 3b |  |  |  |  |  |  |  |
| 3c |  |  |  |  |  |  |  |
| 3d |  |  |  |  |  |  |  |
| 3e |  |  |  |  |  |  |  |

Steps:

If you answer yes to any of the above questions, or experience symptoms after completing this form, report to your supervisor and follow their instructions.

<https://bc.thrive.health/covid19/en>